

patients at \$25,000 to \$100,000 will be awarded. Budget periods will be for 12 months, and project periods may be for up to 5 years.

**Eligible Applicants:** Any public or private nonprofit entity is eligible to apply to provide HD services.

**Project Objectives:** The purpose of this program is to support HD outreach and outpatient health care services delivery in areas with HD patient concentrations and to enable this patient population to access these services.

The central goal of this program is to prevent disability through early diagnosis and treatment of HD. Grantees must be able to provide or arrange for the provision of the following services:

1. Outpatient HD Medical Care
  - a. Diagnostic tests;
  - b. Laboratory monitoring of HD chemotherapy and disease status;
  - c. Nursing assessment through HD monitors (visual assessment of eyes, hands, and feet) at each patient visit;
  - d. Hand and foot screens;
  - e. HD contact exams for any person who has lived in the same household with a new patient in the 3 year period prior to the diagnosis and beginning of treatment of the index case;
  - f. Ancillary services such as ophthalmology, ENT, occupational therapy, neurology, orthopedics, orthotics, physical therapy, and podiatry; and
  - g. HD medications.
2. Culturally appropriate and competent patient and contact education.
3. Outreach and follow-up of patients through culturally competent networks of public health agencies.

**Criteria for Evaluating Applications:** Applications will be reviewed based on the following evaluation criteria, which for items a through e include assuring the provision of culturally competent systems of care:

- a. Extent to which the applicant displays an understanding of the problems and methods of treatment associated with the care of HD patients;
- b. Adequacy of the applicant's plan for providing services to HD patients;
- c. Extent to which the applicant develops arrangements to serve HD patients outside its current catchment area.
- d. Adequacy of the applicant's outreach plans including referral arrangements with public health agencies for follow-up of patients and contacts and training programs for health care professionals.
- e. Appropriateness of the qualifications and experience of the proposed project staff;

f. Adequacy of the proposed budget and budget justification;

g. Evidence of administrative procedures for fiscal control and fund accounting procedures.

#### Other Information

Grant funds may not be used for the purchase, construction, or renovation of real property.

**Other Award Information:** This program is subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs as implemented by 45 CFR part 100. Executive Order 12372 allows States the option of setting up a system to review applications from within their States under certain Federal programs. The application kit, to be made available under this notice, will contain a listing of States which have chosen to set up a review system and will provide a single point of contact (SPOC) in the States for that review. Applicants (other than federally recognized Indian tribal governments) should contact their State SPOCs as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. The due date for State process recommendations is 60 days after the appropriate application deadline date. The BPHC does not guarantee that it will accommodate or explain its response to State process recommendations received after the due date.

#### Public Health System Impact Statement

This program is subject to the Public Health System Reporting Requirements. Reporting requirements have been approved by the Office of Management and Budget (#0937-0195). Under these requirements, the community-based nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions.

Community-based nongovernmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

- a. A copy of the face page of the application (SF 424).

b. A summary of the project not to exceed one page, which provides:

- (1) A description of the population to be served.
- (2) A summary of the services to be provided.

The OMB Catalogue of Federal Domestic Assistance number for this program is 93.215.

Dated: August 14, 1995.

**Ciro V. Sumaya,**  
Administrator.

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#### Public Health Service

#### National Institutes of Health; Proposed Revision and Extension of the International Research Fellowship Application NIH Form 1541-1

##### Proposed Data Collection

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Fogarty International Center (FIC) of the National Institutes of Health (NIH) is publishing this notice to solicit public comment on the proposed revision and extension of the International Research Fellowship (IRF) application NIH Form 1541-1. Forms designed for the IRF Program have been in use since 1958. The Fogarty International Center (FIC) of the NIH is the sole organization within the PHS that uses the NIH Form 1541-1. This form was reviewed by OMB and cleared through November 30, 1995 (0925-0010). To request more information on the proposed revision, or to obtain a copy of the revised application, call the NIH Project Clearance Office on (301) 496-4716.

Comments are invited on: (a) Whether the proposed collection is necessary, including whether the information has practical use; (b) ways to enhance the clarity, quality, and use of the information to be collected; (c) the accuracy of the agency's estimate of burden of the proposed collection; (d) ways to minimize the collection burden of the respondents, which includes using automated collection techniques or other forms of information technology. Send comments to Dr. Kenneth Bridbord, Director, Division of International Training and Research, Fogarty International Center, NIH, Building 31, Room B2C32, Bethesda, MD 20892. All comments must be received by October 17, 1995.

##### Proposed Application Revision

The application forms are used by individuals from selected foreign

countries to apply for International Research Fellowship Awards. The application receipt dates have changed from August 1 and November 15 to July 1 and October 15. A number of other minor revisions have been proposed to conform more closely with the newly revised PHS Individual NRSA fellowship application (PHS-416-1), OMB No. 0925-0002, expiration 3/31/98. The application (NIH 1541-1) consists of three parts: Part I is completed by applicants from foreign countries; Part II is completed by the proposed U.S. host investigator; and Part III is completed by established scientists who can evaluate the applicant's qualifications for research. An average hours-per-response is computed for each form in the series. The burden estimates are as follows:

Applications and forms	Estimated total annual responses and respondents	Estimated average number of hours required per respondent
Applicant: (Part I).	200 .....	8
U.S. Sponsor: (Part II).	200 .....	2
Referee: (Part III).	800 (x4 each) ...	.5

Dated: August 11, 1995.

**Philip E. Schambra,**

*Director, Fogarty International Center, National Institutes of Health.*

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### National Institutes of Health; Notice of Meeting

Notice is hereby given that the National Institutes of Health is convening a Parkinson's Disease Research Planning Workshop on August 29-30, 1995 at the Madison Hotel in Washington, D.C. The meeting will begin at 8:30 a.m. each day and end at 5:30 p.m. on August 29 and at 3:30 p.m. August 30. Both sessions will be open to the public on a space available basis. The meeting is cosponsored by the National Institute of Neurological Disorders and Stroke, the National Institute on Aging, the National Institute of Environmental Health Sciences and the National Institute of Mental Health.

The purpose of the conference is to assess progress made, to identify new opportunities and research goals, and to plan an agenda to strengthen cooperation in research activities. The

meeting will be international in scope with representatives from European countries as well as basic and clinical investigators from institutions across the United States.

For additional information, please contact the Office of Scientific and Health Reports, National Institute of Neurological Disorders and Stroke, (301) 496-5751.

Dated: August 11, 1995.

**Zach W. Hall,**

*Director.*

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### Agency Forms Undergoing Paperwork Reduction Act Review

Each Friday the Public Health Service (PHS) publishes a list of information collection requests under review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the PHS Reports Clearance Office on (202) 690-7100.

The following requests have been submitted for review since the list was last published on August 11.

1. Hazardous Waste Worker Training—42 CFR Part 65—0925-0348—Extension—This clearance request is for the information collection requirements in the final rule, 42 CFR Part 65—Hazardous Waste Worker Training. This final rule states that grants shall be awarded to non-profit organizations for the training and education of workers who are or may be engaged in activities related to hazardous waste removal or containment or emergency response. Respondents: Not-for-profit institutions; State, Local or Tribal Government; Number of Respondents: 1; Number of Responses per Respondent: 1; Average Burden per Response: 1 hour; Estimated Annual burden: 1 hour. Send comments to Allison Eydt, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503.

2. Monitoring Media/Health Partnerships—New—The CDC requires this information to assess the current status of Objective 8.13 of the Healthy People 2000 objectives. This Objective aims to improve the partnering activities between local television networks and community organizations around health promotion goals. The responders will be attendees at an annual convention of community affairs directors. Respondents: Business or other for-profit; Number of Respondents: 320; Number of Responses per Respondent: 1; Average Burden per Response: 0.34

hour; Estimated Annual burden: 109 hours. Send comments to James Scanlon, Office of the Assistant Secretary for Health, Room 737-F, Humphrey Building, 200 Independence Ave. SW., Washington, DC 20201.

3. Atherosclerosis Risk in Communities Study (ARIC)—Revision—0925-0281—A random sample of 15,800 persons, aged 45-64, has been selected from certain communities. They will be followed prospectively for changes in cardiovascular risk factors, subclinical disease, and overt disease. Surveillance for coronary heart disease is being done in all adults in these communities. Respondents: Individual or households; Business or other for-profit; Not-for-profit institutions. Send comments to James Scanlon, Office of the Assistant Secretary for Health, Room 737-F, Humphrey Building, 200 Independence Ave. SW., Washington, DC 20201.

	Number of respondents	Number of responses/ respondents	Average burden/ response (hours)
ARIC individuals or households ....	4,870	5.776	0.5215
ARIC physicians ..	543	1	0.25

Estimated Total Annual Burden.....14,896 hours

4. Application for Training—Revision—0920-0017—The Application for Training forms are the official application used for all public health/ laboratory training activities conducted by the CDC. Respondents: Individuals or households; State, Local or Tribal Government; Number of Respondents: 56,300; Number of Responses per Respondent: 1; Average Burden per Response: .142 hour; Estimated Annual burden: 8025 hours. Send comments to James Scanlon, Office of the Assistant Secretary for Health, Room 737-F, Humphrey Building, 200 Independence Ave., S.W., Washington, D.C. 20201.

5. Lung Cancer and High Levels of Indoor Radon—New—This is a case-control study of lung cancer to determine if residential exposure to radon is related to lung cancer. Radon will be measured in all current and former residences, and subjects will be interviewed about smoking and other risk factors for lung cancer. Respondents: Individuals or households; Number of Respondents: 196; Number of Responses per Respondent: 1; Average Burden per Response: .75 hour; estimated Annual